

Recommendations for Homeless Shelter Facilities during a COVID-19 Outbreak

Homeless Shelters

Below is guidance to assist homeless shelter facilities in response to the 2019 novel coronavirus disease (COVID-19) outbreak.

Stay up-to-date.

Plug in to the most accurate COVID-19 information:

- If in Buncombe County, information can be found at [buncombecounty.org/bcready](https://www.buncombecounty.org/bcready)
- Sign up for Buncombe County's Emergency Notification alerts by Texting BCALERT to 888-777
- For general questions and assistance, you can call the statewide coronavirus helpline which is answered 24 hours a day/7 days a week: 1-866-462-3821
- Use the NCDHHS Website for local information: <https://www.ncdhhs.gov/divisions/public-health/coronavirus-disease-2019-covid-19-response-north-carolina>
- As always, the CDC website has the most accurate information about COVID-19.

What you can do to protect staff and clients

Educate staff and clients about COVID-19. Make sure they know the potential risks and basic prevention measures, such as:

- Wash hands often with soap and water for 20 seconds or use alcohol-based hand sanitizer.
- Avoid touching your face with unwashed hands especially your eyes, nose, or mouth
- Cough and sneeze into elbow or into a tissue. Throw away the tissue immediately after use and wash hands. (For staff tips, see [Respiratory Hygiene/Cough Etiquette in Healthcare Settings](#).)
- Consider providing ear loop masks to sick people and staff.
- Maintain a minimum of six feet of distance between yourself and others when feasible.
- **Minimize the number of staff members who have face-to-face interactions with clients** with respiratory symptoms. Use physical barriers to protect staff who will have interactions with clients with unknown infection status (e.g. check-in staff). For example, install a sneeze guard at the check-in desk or place an additional table between staff and clients to increase the distance between them. **Staff and volunteers at high risk of severe COVID-19** (those who are older or have underlying health conditions) should not be designated as caregivers for sick clients who are staying in the shelter.
- check icon
- **If staff are handling client belongings, they should use disposable gloves.** Make sure to train any staff using gloves to [ensure proper use](#).
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- **Limit visitors to the facility**
- Frequently clean and disinfect high contact surfaces like doorknobs, tables, furniture, shared bathrooms, and countertops.
- Ensure adequate supplies of soap, hand sanitizers, and tissues are readily available.
- **Provide access to fluids, tissues, plastic bags** for the proper disposal of used tissues
- Post signs sharing how staff and guests can protect themselves and others at the facility.

Consider posting signs at entrances and in bathrooms.

Facilities providing sleeping accommodations should attempt to **increase the distance between people**, where feasible. Offering individual rooms for groups or families is ideal, but not typically available. In shared spaces, a “head-to-toe” sleeping arrangement with a minimum of three feet of distance between beds is recommended.

Encourage guests to report illnesses and exposure to COVID-19 to staff prior or upon entry to the facility. Reassure clients that they will not be denied or lose a bed if they report symptoms.

Separate sick clients from those without symptoms. Facilities with a single room should assign sick clients to one side and clients without symptoms to the opposite side.

- If individual rooms for sick clients are not available, consider using a large, well-ventilated room.
- In areas where clients with respiratory illness are staying, keep beds at least 3 feet apart and use temporary barriers between beds, such as curtains, and request that all clients sleep head-to-toe.
- If possible, designate a separate bathroom for sick clients with COVID-19 symptoms.
- Consider reducing cleaning frequency in bedrooms and bathrooms dedicated to ill persons to **as-needed** cleaning (e.g., of soiled items and surfaces) to avoid unnecessary contact with the ill persons.

Encourage staff and volunteers to remain home if they are sick with cough, sneezing and/or fever. Inform them about sick leave policies.

If you have a guest (or an outbreak of several guests) exhibiting symptoms and you would like further guidance you should contact:

- Buncombe County Communicable Disease Control: (828) 250-5109

Additional COVID-19 Resources

- The [National Health care for the Homeless Council](#). Although this document focuses on influenza, much of the principals apply to Coronavirus.
- [The U.S. Department of Housing and Urban Development](#)

Home Isolation Guidance for Families and Individuals Living in Permanent Supportive Housing (Stand-Alone Units)

What to do if you have confirmed novel coronavirus (COVID-19) infection, or are being evaluated for COVID-19 infection, and are being cared for at home.

If you are under evaluation or care for a novel coronavirus infection, your doctors, along with local Public Health staff, will evaluate whether you can be cared for at home. Public Health staff will check in with you to make sure you are receiving the care you need and to monitor your symptoms.

Please follow the steps below until Public Health staff say you can return to your normal activities:

- **Stay home.** You should limit all activities outside your apartment unit, except to get medical care. If you need medical care, please call your health care provider and they will give you instructions. Do not go to work, school, or public areas. Avoid using public transportation, rideshares, or taxis.
- **Monitor your symptoms.** Seek prompt medical attention if your illness is worsening (e.g., difficulty breathing). Before seeking care, call your healthcare provider and tell them that you have, or are being evaluated for, COVID-19. Put on a facemask before you enter the medical facility. These steps will help the healthcare provider's office to keep other people in the office or waiting room from getting infected or exposed.

If you have a medical emergency: call 911, notify the dispatch personnel that you have, or are being evaluated for COVID-19. If possible, put on a facemask before emergency medical services arrive.

- **Call your doctor's office before you go in for your appointment.** Tell them that you have, or are being evaluated for, novel coronavirus infection. This will help the medical provider take steps to keep others from getting infected. Wear a face mask when you visit a medical provider.

If you share your apartment unit with other people:

- **Separate yourself from other people in your home.** You should stay in a different room from other people in your home, as much as possible. Use a separate bathroom, if available. Avoid common areas.

- **Wear a facemask.** You should wear a facemask when you are around other people (e.g., sharing a room or vehicle) or pets and before you enter a healthcare provider's office. If you are not able to wear a facemask (for example, because it causes trouble breathing), then people who live with you should not stay in the same room with you, or they should wear a facemask if they enter your room.
- **Wash your hands.** Wash your hands often and thoroughly with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer if soap and water are not available and if your hands are not visibly dirty. Avoid touching your eyes, nose, and mouth.
- **Cover your coughs and sneezes.** Cover your mouth and nose with a tissue when you cough or sneeze, or you can cough or sneeze into your sleeve. Throw used tissues in a lined trash can, and immediately wash your hands with soap and water for at least 20 seconds.
- **Avoid sharing household items.** Do not share dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items with other people in your home. After using these items, you should wash them thoroughly with soap and water.
- **Clean all "high-touch" surfaces every day.** High touch surfaces include counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables. Also, clean any surfaces that may have blood, stool, or body fluids on them. Use a household cleaning spray or wipe, according to the label instructions. Labels contain instructions for safe and effective use of the cleaning product including precautions you should take when applying the product, such as wearing gloves and making sure you have good ventilation during use of the product.

Discontinuing home isolation Patients with confirmed COVID-19 should continue to follow home isolation precautions until you have been advised that you can stop following those recommendations. The decision to stop home isolation precautions should be made on a case-by-case basis, in consultation with healthcare providers and state and local health departments.

Prevention Steps for Caregivers and Household Members

If you live with or care for a person who has confirmed COVID-19 infection, or is being evaluated for COVID-19 infection, you should:

- **Limit visitors.** Restrict visitors who do not need to be in the home. Other household members should stay in another home or place of residence. If this is not possible, other household members should stay in another room, or be separated from the ill person as much as possible. The ill person should use a separate bathroom, if available.
- **Keep elderly people and those who have compromised immune systems or chronic health conditions away from the sick person.** This includes people with chronic heart, lung or kidney conditions, and diabetes.
- **Make sure that shared spaces in the home have good air flow, such as by an air conditioner or an opened window.**
- **Wash your hands often and thoroughly with soap and water for at least 20 seconds.** You can use an alcohol-based hand sanitizer if soap and water are not available and if your hands are not visibly dirty. Avoid touching your eyes, nose, and mouth with unwashed hands.

Staff and caregivers should wear a disposable face mask, gloves and protective gown when they touch or have contact with the person's blood, body fluids and secretions such as sweat, saliva, sputum, nasal mucus, vomit, urine or diarrhea. Staff should contact public health if they do not have this kind of protective equipment.

- Throw away facemasks, protective gowns and gloves in a lined trash can after using them. Do not reuse these items.
- Wash hands immediately with soap and water after removing mask, gloves and gown.
- Avoid sharing household items. Do not share dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items. Wash these items after the person uses them.
- Clean surfaces such as counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables at least once a day. Immediately clean any surfaces that have blood or other body fluids on them.
 - Use a diluted bleach solution or a household disinfectant with a label that says "EPA-approved."
 - To make a bleach solution at home, add 1 tablespoon of bleach to 4 cups of water. For a larger supply, add ¼ cup of bleach to 1 gallon (16 cups) of water. Use a freshly made bleach solution each day.
 - Read cleaning product labels and follow their recommendations.

- **Wash laundry and bedding:**
 - Wear disposable gloves while handling soiled items. Wash clothes and bedding that have body fluids on them, such as saliva or mucus. Wash your hands with soap and water immediately after removing your gloves.
 - Wash and dry clothing and bedding with the warmest temperature recommended on the item's label.
- **Monitor the person's symptoms.** If they are getting sicker, call a medical provider and tell them that the person has, or is being evaluated for, 2019-nCoV infection. This will help the medical provider take steps to keep other people from getting infected. Ask the medical provider to call the local or state health department.
- **Caregivers and household members who do not follow precautions** when in close contact with a person who is confirmed to have, or is being evaluated for, 2019-nCoV infection, are considered "close contacts" and should monitor their health. Follow the prevention steps for close contacts: <https://www.cdc.gov/coronavirus/mers/hcp/home-care-patient.html#contacts>

Public Health Interim Guidance on COVID-19 for Homeless Service Providers

This document provides guidance specific for homeless service providers (such as overnight emergency shelters, day shelters, and meal service providers) during the outbreak of COVID-19 virus. Homeless service providers should collaborate, share information, and review plans with local health officials to help protect their staff, clients and guests.

Background:

Coronavirus disease 2019 (COVID-19) is respiratory disease caused by a newly identified coronavirus that was first detected in Wuhan City, Hubei Province, China but has now been detected throughout the world. Community spread of COVID-19 has been identified in Seattle/King County in Washington State.

Symptoms of COVID-19 can include a fever, cough, and shortness of breath. In addition, illness may be accompanied by other symptoms including headache, tiredness, runny or stuffy nose, chills, body aches, diarrhea, and vomiting. Like seasonal flu, COVID-19 infection in humans can vary in severity from mild to severe. Check [CDC's website](#) for the most up-to-date information on the symptoms of COVID-19. The virus is thought to spread mainly from person-to-person, usually between people who are in close contact with one another (within about 6 feet). This transmission occurs through respiratory droplets produced when an infected person coughs or sneezes.

Transmission of COVID-19 in the community could affect people experiencing homelessness in several ways. The outbreak could cause illness among people experiencing homelessness, could contribute to an increase in emergency shelter usage, or may lead to illness and absenteeism among homeless service provider staff. Furthermore, people who are experiencing homelessness are often at higher risk for infectious diseases and severe outcomes. Protecting your staff and clients requires a coordinated effort between homeless service providers, healthcare facilities, and the health department. Use this guide to prepare before cases are identified in your community and make a plan for how to respond if COVID-19 cases are identified.

If COVID-19 is identified in your community:

- Keep in touch with your local health department and healthcare facilities.
- Encourage everyone in the facility to cover their cough or sneeze with a tissue and have trash cans available to dispose of tissues.
- Facility clients, staff and volunteers should immediately inform management if they have respiratory symptoms consistent with COVID-19.
- Actively monitor the reports of respiratory illness, or reports of confirmed cases of COVID-19 in the facility and inform your local and state health departments.
- During an outbreak, community agencies may need to provide basic support to ill individuals. Agencies will also need to support the isolation of ill individuals when it is not possible to isolate these individuals elsewhere. However, homeless service providers are not expected to provide complex care to ill individuals.

Staff Considerations:

- Encourage ill staff and volunteers to stay home (or be sent home if they develop symptoms while at the facility), to prevent transmitting the infection to others.
- Plan your staffing to minimize the number of staff members who have face-to-face interactions with clients with respiratory symptoms.
- Staff and volunteers at high risk of severe COVID-19 (those who are older or have underlying health conditions) should not be designated as caregivers for sick clients who are staying in the shelter.
- For staff interacting with a lot of clients with unknown infection status (i.e. front desk staff):
 - Put in a sneeze guard or separate clients by a big table (to increase distance),
 - Use gloves if staff are handling IDs or other client items. Keep in mind, when using gloves:
 - Gloves are not a substitute for hand hygiene.
 - Clean your hands before putting on gloves
 - Clean your hands immediately after removing gloves.
 - Do not touch your face while wearing gloves
 - Change gloves if
 - gloves become damaged,
 - gloves become visibly soiled
 - Carefully remove gloves to prevent contaminating your hands
 - Consider posting signs related to glove use, such as this one from CDC: <https://www.cdc.gov/handhygiene/campaign/provider-infographic-6.html>
 - Staff that might be interacting with confirmed positives will want to use the recommendations for caregivers in non-healthcare settings.
 - Staff providing healthcare to confirmed COVID-19 cases in the shelter setting should adhere to the healthcare recommendations. If staff do wear masks, they should also wear eye protection to get full mucous membrane coverage.

Client Considerations:

Many people with COVID-19 will have mild illness and do not need to be hospitalized. Consider the following for symptomatic clients who may not be confirmed to have confirmed COVID-19 by laboratory testing.

If you identify a client with severe symptoms of COVID-19 infection, take the client to receive medical care immediately.

Severe symptoms include:

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness
- Confusion
- Severe or persistent vomiting
- Flu-like symptoms improve but then return with fever and worse cough

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- Mild symptoms, as below, do not typically require medical attention:
 - Runny nose or nasal stuffiness
 - Mild headache
 - Body aches
 - Mild GI upset (more often seen in children) or poor appetite.
- Please keep in mind that these are basic guidelines. Use your judgment. If your client is over age 60 or has underlying medical problems like diabetes, heart disease or lung disease, or weakened/suppressed immune symptoms, they may be more vulnerable to COVID-19 and its complications.
- Clients with respiratory symptoms should wear surgical masks to protect those around them.

Isolation in Homeless Shelters

While isolating ill clients outside homeless shelter facilities is ideal, whether or not that will be possible has not yet been determined. Even if some designated sites are available, they might be full or overwhelmed. Although achieving “isolation” in the shelter setting will be challenging, infection control procedures can decrease the risk for everyone. The following are some of the issues agencies should consider when deciding on isolation options:

- Family shelters, transitional housing programs, and low-income housing sites: Many shelters for homeless families—as well as other types of housing programs for homeless and formerly homeless people—are individual units or apartments. In these situations, isolation will generally be more feasible than in congregates shelters. However, in many of these programs, meals or other activities take place in common areas. Programs may need to think about ways to minimize interactions and gatherings in their particular setting if possible.
- In otherwise congregate settings, sick clients should be confined to individual rooms with separate bathroom and eating facilities and should avoid common areas.
- If individual rooms for sick clients are not available, consider using a large, well ventilated room specifically for sick persons.
 - In isolation areas, help reduce spread by arranging beds at least 3 feet apart.
 - Create temporary physical barriers between beds using sheets or curtains.
 - Arrange beds so that individuals lie head to toe relative to each other.

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- Provide clients who are ill or have symptoms consistent with COVID-19 with information on what to do while they are sick.
- Give sick clients access to fluids, tissues, plastic bags for the proper disposal of used tissues, and a means to wash their hands or alcohol-based hand sanitizers as an adjunct.
- If a person's health status worsens call their PCP for medical advice. If it is a medical emergency, call 911.
- Give particular consideration to those clients who could be at high risk for complications from COVID-19 (those who are older or have underlying health conditions) and reach out to them regularly.
- Ill individuals need access to food and drinks. Staff may need to wear appropriate personal protective equipment (PPE) when bringing supplies and providing support to ill individual. This is needed if the client is unable to wear a mask themselves and the staff is within 3 feet of the ill person and/or when the staff is likely to come in contact with the individual's body fluids (saliva, sputum, nasal mucus, vomit or urine). In those instances the staff should wear a mask.
 - Throw out disposable facemasks and gloves after using them. Do not reuse.
 - When removing personal protective equipment, first remove and dispose of gloves. Then, immediately clean your hands with soap and water or alcohol-based hand sanitizer. Next, remove and dispose of facemask, and immediately clean your hands again with soap and water or alcohol-based hand sanitizer.
- Agencies should develop strategies for handling violent, aggressive, or non-cooperative clients who are ill and are required to remain in isolation. Ill individuals in isolation may also have other mental health issues that require intervention.
- During an outbreak, policies related to access to smoking, drugs, or alcohol may need to be changed, particularly for individuals in isolation.
- Individuals in isolation may need to refill prescriptions or need access to daily medications such as methadone. Consider what assistance clients and guardians may need to obtain and take prescription or over-the-counter medications.

Cleaning considerations:

- Linens, eating utensils, and dishes belonging to those who are sick do not need to be cleaned separately, but they should not be shared without thorough washing.
- Linens (such as bed sheets and towels) should be washed using laundry soap and tumbled dry on a hot setting.
- Staff and volunteers should wash their hands with soap and water or use hand sanitizer immediately after handling dirty laundry.

Healthcare clinic considerations:

If your homeless service facility includes healthcare provision, make sure your clinic staff are prepared for the potential for a COVID-19 outbreak using CDC guidance.

COVID-19 – Quick Tips for What Shelters & Other Homeless Programs Need to Know

COVID-19 is in the news, and your agency and the people you serve will want to know about how this may impact them. Here is some preliminary information to help you field questions and care for your clients. We encourage you to share these tips with your program's supervisors, line staff, and volunteers.

Tip # 1: As Usual, Monitor Your Clients for Symptoms, and Refer to Care if Necessary.

The symptoms of COVID-19 are like symptoms of the flu, a cold or pneumonia. Fever, cough and trouble breathing are common. These symptoms can appear in as few as 2 days or as long as 14 days after exposure to the virus. Clients with the following symptoms should be referred to a health care provider or clinic:

- Fever, *plus any of the following*:
- Rapidly worsening illness
- Complaining of being very sick or unable get around as they normally would
- Difficulty breathing or shortness of breath.
- Severe cough or severe sore throat
- Chest pain

If the following symptoms are mild, medical attention is not typically required:

- Runny nose or nasal stuffiness
- Mild headache
- Body aches
- Mild GI upset (more often seen in children) or poor appetite.

Please keep in mind that these are basic guidelines. Use your judgment. If your client is over age 60 or has underlying medical problems like diabetes, heart disease or lung disease, or weakened/suppressed immune symptoms, they may be more vulnerable to COVID-19 and its complications.

What to do if a client has symptoms?

- Encourage frequent hand washing or use of hand sanitizer
- Offer tissues, a plastic bag to dispose of tissues, and hand sanitizer to keep near them to help limit their movement in the facility.
- Provide masks for anyone with coughing or sneezing or runny nose
- Do your best to isolate the person from others.
- Encourage drinking fluids, rest or sleep and monitor for worsening symptoms.
- Clients with mild symptoms could get worse so continue to monitor them and refer to care if needed.

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Tip # 2: Pay Extra Attention to Your Usual Respiratory Illness Prevention Efforts

- Do your best to separate people with symptoms from healthy people
- Offer a separate space for eating and resting if you can.
- Post signs that remind people to cover their cough and wash hands
- Encourage clients and staff to wash hands often or use alcohol-based (if possible in your facility) hand sanitizer.
- Make sure all rest rooms are well stocked with soap and paper towels.
- Provide hand sanitizer at key locations in your agency (by entry, phone, computers, elevators...)
- Cover your cough with inner elbow, inside of shirt/coat collar or tissues.
- Ask clients with symptoms to wear a mask or to cover their cough.
- Avoid touching your face, nose, eyes, and mouth.
- Staff should stay home if they have respiratory symptoms
- Stock up on supplies of tissues and hand sanitizer. Have masks on hand for people with symptoms
- Provide plastic-lined wastebaskets in your facility for used tissues and masks.
- Keep a supply of gloves for staff to use when picking up used tissues or emptying wastebaskets.
- Clean and sanitize frequently touched surfaces several times per shift during cold and flu season.
- Pay particular attention to doorknobs, banisters, tabletops, and handrails, pens, phones, bathroom fixtures, keyboards etc.